2011 Medicare Health Plans In Virginia

Source – U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services CMS Publication No. 10050-33

Medicare HEALTH PLANS In Vivolnia



This chart provides basic information about what your costs, care, and services will be in each plan. Contact the plan for specific details, and ask if it's currently accepting new members. Visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to compare plans or look for a plan that isn't listed. TTY users should call 1-877-486-2048. See pages 48-50 to learn how to get personalized help with your choices and what to consider when choosing a plan.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
			ALOREUM	olly et Ale	Plan			NATIV	venillia	MAL STAN	
SmartValue Classic (PI			12231 <u>2511122527</u>			-1.40 Fig. 2.3 Mail Pro-2412					n.com/medicare
Select Counties in GA, NH, VA, and WI	\$19	General: \$5,000	\$20	\$35	Yes	20%/20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
SmartValue Plus (PFFS) (013) Phon	e: 800-797-6419	·				-		L		.com/medicare
Select Counties in GA, NH, VA, and WI	\$42	General: \$5,000	\$20	\$35	Yes	20%/20%	\$ 0	20%	\$0 for all	\$8 - \$85 and/or 33%	Many Generics - Call plan
ELLA PRODUCE MICHIGANIA		engunice en marc	CALIDIA	Vitter (0)2a	in Francisco			Year Wile			
		(PPO) (007) Phone: 80		(1) - S. (1) - (7 - 10 - 7	A. S. A.		essensi zary .	<u>unuu</u>			l'에서 가입니다. n.com/medicare
Select Counties in Virginia	\$0	Combined: \$3,400	\$15/\$25	\$25/\$35	Yes	20%/20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Anthem Medicare Pref	erred Premie	er (PPO) (004) Phone: 80	00-797-5937			· <u>-</u>	i				.com/medicare
Select Counties in Virginia	\$39	Combined: \$3,350	\$10/\$20	\$25/\$35	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$7 - \$85 and/or 33%	Many Generics - Call plan
Anthem Medicare Pref	erred Standa	ard (PPO) (001) Phone: 8	300-797-593	7		l	1				.com/medicare
Select.Counties in Virginia	\$0	Combined: \$4,500	\$0	\$40	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$0 - \$85 and/or 33%	Many Generics - Call plan

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Garillon Glinic Ne	ilearestien	tikitian (Deceto) viet	ind a second	vike Ordal	[यन। वित			D	weld oolku		allonification
Carilion Clinic Medica	re Health Pla	n Bronze (HMO) (005) P	hone: 800- <u>7</u>	78-3032	·	·	• .		!	www.carilio	nmedicare.com
western Virginia	\$0	In-Network: \$5,000	\$20	\$45	Yes	20%/20%	\$0	20%	\$310 for all drugs	\$4.50 - \$65 and/or 25%	None
Carilion Clinic Medica	re Health Pla	n Gold (HMO-POS) (001) Phone: 80	0-778-3032	•					www.carilio	nmedicare.com
western Virginia	\$60	Combined: \$5,000 In-Network: \$3,200	\$0	\$15	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$5 - \$65 and/or 33%	None
Carilion Clinic Medica	re Health Pla	ın Platinum (HMO-POS) ((007) Phone	: 800-778-30	032				•	www.carilio	nmedicare.com 🗀
western Virginia	\$142	Combined: \$5,000 In-Network: \$3,200	\$0	\$0	Yes	10%/10%	\$0	10%	\$0 for all drugs	\$5 - \$65 and/or 33%	None
Carilion Clinic Medica	re Health Pla	n Silver (HMO-POS) (000	5) Phone: 8	00-778-3032		•				www.carilio	nmedicare.com
western Virginia	\$30	Combined: \$5,000 In-Network: \$3,200	\$15	\$35	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$5 - \$65 and/or 33%	None
Erickson Advanta	ge (H5652)	/Point-of-Service O	rganizatio	m ^{alara}				hemb	rightleter	lon Pating	n nine ne ne Ny favoarian'i
Erickson Advantage S	ignature wit	h Drugs (HMO-POS) (001) Phone: 80	0-704-7839					V	ww.erickson	advantage.com
Erickson Campuses - CO,KS,IL,MD,MA, MI,NJ,PA,TX,VA	\$159	In-Network: \$2,500	\$0	\$30	Yes	\$0/\$0	\$0	20%	\$0 for all drugs	\$5 - \$75 and/or 33%	None
Erickson Advantage S	ignature wit	hout Drugs (HMO-POS) (002) Phone	: 800-704-78	339	_			V	vww.erickson	advantage.com
Erickson Campuses - CO,KS,IL,MD,MA, MI,NJ,PA,TX,VA	\$121	In-Network: \$2,500	\$0	\$30	Yes	\$0/\$0	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Humana Health R	invine(tiz	012)/Health Walnt	mance Or	ganization				M	velkoorkin	inighth	etion Ratings
Humana Gold Plus H2	2012-008 (HN	10) (008) Phone: 800-83	3-2364							www.humana	a-medicare.com
Richmond VA Metro Area	\$0	In-Network: \$3,400	\$ 5	\$35	Yes	20%/0% - 20%	.\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Many Generics, Few Brands - Call plan

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Hillingmattealtinella	ioligie (DE	A PANTILE A LINUTE IN LEGITIVE						W CI	ingolden	ACIASAISIA	clion Rating)
Humana Gold Plus H20	12-013 (HM	O) (013) Phone: 800-83	3-2364					NAME OF TAXABLE PARTY.		www.humana	-medicare.com
Roanoke Metro Area	\$0	In-Network: \$3,400	\$ 5	\$35	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Many Generics, Few Brands - Call plan
Humana Gold Plus H20	12-015 (HM	0) (015) Phone: 800-83	3-2364	W						www.humana	-medicare.com
Select VA Counties in the Tri-Cities Area	\$67	In-Network: \$3,400	\$10	\$ 10 - \$ 20	Yes	20%/0% - 20%	\$0	20%	\$0 for all ∙drugs	\$0 - \$80 and/or 33%	Call plan for details
Humana Gold Plus H201	12-016 (HM	0) (016) Phone: 800-83	3-2364			,				www.humana	-medicare.com
Select VA Counties in the Tri-Cities Area	\$0	In-Network: \$3,400	\$ 15	\$15 - \$20	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
Humana Gold Plus H201	12-024 (HM	O) (024) Phone: 800-83	3-2364	•	100	•			·	www.humana	-medicare.com
Richmond, VA	\$0	In-Network: \$3,400	\$ 5	\$35	Yes	20%/0% - 20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not - Covered
Humana Gold Plus H201	12-025 (HMC	O) (025) Phone: 800-83	3-2364	·		<u>-</u>				www.humana	-medicare.com
Roanoke, VA	\$0	In-Network: \$3,400	\$ 5	\$35	Yes .	20%/0% - 20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
((Umajjakheljenida)	Company		ROULLING R	Drijan Patik	director in			enne	MATALETTAL		41 74 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1
HumanaChoice H2542-0	001 (PPO) (0	01) Phone: 800-833-23	64			or \$10 Tingg in \$100 prompt \$100 pro \$100 (100); \$5	#88 177 A 1.45 1.25 1.3.77	Marara.		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN	-medicare.com
Richmond Metro Area	\$ 31	Combined: \$5,100 In-Network: \$3,400	\$10/30%	\$35/30%	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
HumanaChoice H2542-0	002 (PPO) (0	02) Phone: 800-833-23	64							<u>1</u>	-medicare.com
Tide Water/Norfolk Metro Areas	\$31	Combined: \$5,100 In-Network: \$3,400	\$10/30%	\$35/30%	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
HumanaChoice H2542-0	03 (PPO) (0	03) Phone: 800-833-23	64			,L	I				-medicare.com
Northern VA Metro Area	\$51	Combined: \$6,000 In-Network: \$4,000	\$10/20%	\$35/20%	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
HumanaChoice H2542-0	04 (PPO) (0	04) Phone: 800-833-230	54					1		www.humana	-medicare.com
Roanoke Metro Area	\$31	Combined: \$6,000 In-Network: \$4,000	\$10/30%	\$35/30%	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Humana Insuranc	e Company	/(H2944)//Private F	ie:for:Ser	vica Alan-			**************************************		mildo New	TOVE YELL	CATTON OF THE PARTY OF
	H2944-078 (PFFS) (078) Phone: 800-	833-2364				**************************************				a-medicare.com
Select Counties in Virginia	\$51	Combined: \$6,700	\$15 - \$35	\$35	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
Humana Insuranc	e Company	(H4408)/Preferred	Pieliko	Oppulanti	011			emfi	r Sallafa	loniarilm	one ac jedna do actività de la constanta de la
	8-008 (PPO) (008) Phone: 800-833-23	164					100011 200			a-medicare.com
Select TN and VA Counties in the Tri- Cities Area	\$38	Combined: \$7,300 In-Network: \$4,900	\$ 15/30%	\$15 - \$35 /30%	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
Humana Insurance	e Co mpany	(HEQA1) / Preferred	renivour	Organizati	on s		11		ni Historia	ion Ratino	ACCUSION IN THE PARTY OF THE PA
		002) Phone: 800-833-23					**************************************				a-medicare.com
Martinsburg Metro Area	\$27	Combined: \$6,000 In-Network: \$4,000	\$10/30%	\$35/30%	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
Humanainsurance	e Company	(COME WATER TO BE	ekonaron	leofilm.		Show Discussion		satile.	ninoNew	nd Griff	ellonilarilmo
Humana Gold Choice	H8145-003 (F	PFFS) (003) Phone: 800-	833-2364	The state of the s			244			11.	-medicare.com
Select Counties in Virginia	\$42	Combined: \$5,000	\$ 15	\$35	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
	H8145-004 (F	PFFS) (004) Phone: 800-	833-2364					 .		www.humana	-medicare.com
Select Counties in Virginia	\$61	Combined: \$6,700	\$15	\$35	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
	H8145-041 (P	PFFS) (041) Phone: 800-	833-2364							www.humana	-medicare.com
Select Counties in Virginia	\$42	Combined: \$4,500	\$15	\$35	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
	H8145-042 (P	FFS) (042) Phone: 800-8	333-2364							www.humana	-medicare.com
Select Counties in Virginia	\$ 19	Combined: \$5,000	\$15	\$35	Yes	20%/0% - 20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
	H8145-044 (P	FFS) (044) Phone: 800-8	333-2364		-					www.humana	-medicare.com
Select Counties in Virginia	\$ 19	Combined: \$5,000	\$15	\$35	Yes	20%/0% - 20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Humana Insurance	Company	(H814E)//Privato Fe	i alivetira	ilde Plan					miconian/	forsalls.	ellonkating
Humana Gold Choice	H8145-091 (F	PFFS) (091) Phone: 800-	833-2364						,	www.humana	-medicare.com
Select Counties in Virginia	\$44	Combined: \$5,000	\$15	\$15 - \$35	Yes	20%/0% - 20%	\$0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
Humana Gold Choice	H8145-108 (F	PFFS) (108) Phone: 800-	833-2364						1	www.humana	-medicare.com
Select Counties in Virginia	\$ 0	Combined: \$4,500	\$1 5	\$15 - \$35	Yes	20%/0% - 20%	\$ 0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Ņot Covered
Aumana lusulanca	Company		Likovillar(organizati	Jian Sa	100 mg/s			r Satisfaci	on Rating	
HumanaChoice R5826	-003 (Region	ial PPO) (003) Phone: 80	0-833-2364		•				,	www.humana	-medicare.com
States of North Carolina and Virginia	\$64	Combined: \$5,900 In-Network: \$5,900	\$15 ·	\$15 - \$35	Yes	20%/0% - 20%	\$ 0	20%	\$0 for all drugs	\$0 - \$80 and/or 33%	Call plan for details
HumanaChoice R5826	-063 (Region	ial PPO) (063) Phone: 80	0-833-2364	·					,	www.humana	-medicare.com
States of North Carolina and Virginia	\$0	Combined: \$5,100 In-Network: \$3,400	\$10/\$35	\$10 - \$30 /\$35	Yes	20%/0% - 20%	\$ 0 -	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
HumanaChoice R5826	-079 (Region	nal PPO) (079) Phone: 80	00-833-2364						1	www.humana	-medicare.com
States of North Carolina and Virginia	.\$58	Combined: \$8,800 In-Network: \$5,900	\$15/30%	\$15 - \$40 /30%	Yes	20%/0% - 20%	\$0	20%	\$310 for all drugs	25%	None
Kalser Permanent	e Medicar	e Plus (H2150)://Wed	Jeno Jenal	tiliji 💖		and all sections					
Kaiser Permanente M	edicare Plus	Basic no D AB (Cost) (01	7) Phone: 8	77-408-8607							kp.org
DC, MD, VA	\$0	In-Network: \$3,400	\$30	\$30	Yes	\$0 - \$75 /\$0 - \$75	\$ 0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Kaiser Permanente M	edicare Plus	High w/D AB (Cost) (002) Phone: 87	7-408-8607				_			kp.org
DC, MD, VA	\$ 96	In-Network: \$3,400	\$10	\$10	Yes	\$0 - \$57 /\$0 - \$57	\$ 0	20%	\$0 for all drugs	\$10 - \$57 and/or 10% - 15%	All Generics - Call plan
Kaiser Permanente M	edicare Plus	High w/o D AB (Cost) (0:	21) Phone: 8	377-408-860	7						kp.org
DC, MD, VA	\$59	In-Network: \$3,400	\$10	\$10	Yes	\$0 - \$57 /\$0 - \$57	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Real or Permanent	emerican	HITE (HZVEO)/MVTET	tarê Gref	Plan 3		pantuseimittoilin Nettri kilottiin ka		dinib	register	lon Rating	laejaelaejalesta Taetalaaka
Kaiser Permanente M	edicare Plus	Std w/D AB (Cost) (009)	Phone: 877	-408-8607_							kp.org
DC, MD, VA	\$0	In-Network: \$3,400	\$20	\$20	Yes	\$0 - \$75 /\$0 - \$75	\$0	20%	\$0 for all drugs	\$11 - \$75 and/or 25%	· None
Kaiser Permanente M	edicare Plus	Std w/o D AB (Cost) (022	2) Phone: 87	77-408-8607							kp.org
DC, MD, VA	\$0	In-Network: \$3,400	\$20	\$20	· Yes	\$0 - \$75 /\$0 - \$75	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
OnlinaMediano	(CLASOSSI))/AS	referred Provider O	romitali	m v	and the state		i i	namh	าเริสาส์สส	ionRáthú	1. 36.85 L. 2.
Carrie and Carried States of States of States) Phone: 800-927-6048	# . 71 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		- AND GOVERNMENT OF THE	A A COLORS COM SOLAS MODE	Section of the second				imahealth.com
Optima Medicare Value	\$0	Combined: \$10,000 In-Network: \$6,700	\$10/30%	\$10/30%	Yes	20%/20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Optima Medicare Valu	ie Plus (PPO)	(006) Phone: 800-927-6	5048	L.,	1	I			-	www.opf	timahealth.com
Optima Medicare Value Plus	\$0	Combined: \$10,000 In-Network: \$6,700	\$10/35%	\$10/35%	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$4 - \$60 and/or 33%	None
RiellmontaMedica	y y y y y y y y	re(MFP)//Preferi	hiodila	er Ölörənliz	atlon			n	ากไรดงไปยาก	do sala	ellon Rátim
	ALC: UNIVERSITY OF THE PARTY OF	One (PPO) (001) Phone:	The same of the sa	1-214 114 114 114 114	***************************************			OR GRADUATE		B. C. A. C. NO. I S. C. N.	www.pchp.net
Lynchburg, Counties: AM, APP, BED, CAMP, CLT, HAL, PR ED	\$57	Combined: \$5,100 In-Network: \$3,400	\$15 - \$30/30%	\$30/30%	Yes	20%/20%	\$0	20%	Call plan for details	Call plan for details	Call plan for details
Piedmont Select Med	icare Option	Two (PPO) (002) Phone:	800-400-72	47, 235							www.pchp.net
Lynchburg, Counties: AM, APP, BED, CAMP, CLT, HAL, PR ED	\$27	Combined: \$5,100 In-Network: \$3,400	\$25/30%	\$45/30%	Yes	20%/20%	\$0	20%	Call plan for details	Call plan for details	Call plan for details
Seque Horizons In	yDritteriffe	althcare (H4436)://R	almaវិទាន	rvice Orda	mzatlon			יווייין	าเริ่มแกล	in in the same	
		l (HMO) (020) Phone: 80						<u> Azeisigaden</u>			licarePlans.com
Eastern Tennessee and Southwestern Virginia	\$60	In-Network: \$3,200	\$15	\$25	Yes ·	20%/20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
AARP MedicareComp	lete Plan 2 (F	1MO) (021) Phone: 800-	547-5514				•	•	. W	ww.AARPMed	licarePlans.com
Eastern Tennessee and Southwestern Virginia	\$85	In-Network: \$3,200	\$15	\$25	Yes	20%/20%	\$ 0	20%	\$0 for all drugs	\$5 - \$80 and/or 33%	None
* TC 1:C - C - T	TT-1.		41				. 1. 1	41 45.		_2 . 1 !	1

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns.

Contact the plan for specific formulary (list of covered drugs) and cost information.

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Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
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AARP MedicareComp	lete Plus Plar	11 (HMO-POS) (013) Ph	one: 800-54	7-5514							licarePlans.com
Eastern Tennessee and Southwestern Virginia	\$0	In-Network: \$3,400	\$10	\$25	Yes	20%/20%	\$0	20%	\$0 for all drugs	*\$6 - \$85 and/or 33%	. None
stallallough		altheorea(HEVEE) And	ESTEDIALIA	alozsawie	ePlanos	in Francisco South College Andre	n a Land		TANASA MANANANA BANANA	ALL LANGUE CONTRACTOR OF THE PARTY OF THE PA	
SecureHorizons Medi	careDirect Es	sential (PFFS) (001) Pho	ne: 800-555	-5757							reHorizons.com
Select counties nationwide	\$0	General: \$5,200	\$15	\$40	Yes	20%/20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
	careDirect Rx	(PFFS) (014) Phone: 80	0-555-5757		- -		<u></u>		· · · · · · · · · · · · · · · · · · ·		reHorizons.com
Select counties nationwide	\$20	General: \$5,200	\$15	\$35	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$6 - \$88 and/or 33%	None
	areDirect Rx	(PFFS) (024) Phone: 80	0-555-5757					1	,		reHorizons.com
Select counties nationwide	\$0°	General: \$5,800	\$15	\$40	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$6 - \$88 and/or 33%	None
SecureHorizons by	ÚMľadile	althcare (H7187) //Po	lint of Se	Vice Orga	nization			MAT.	r Satisfact	Service Control of the Control	u sissa istantin
		O-POS) (003) Phone: 80									eHorizons.com
Richmond and Roanoke areas	\$0	In-Network: \$3,600	\$10	\$30	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$6 - \$85 and/or 33%	None
	ete Plus (HM	O-POS) (009) Phone: 80	0-547-5514	' .			I	·		l	eHorizons.com
Portsmouth, Norfolk, Newport News counties	\$0	In-Network: \$3,600	\$10	\$30	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$5 - \$85 and/or 33%	None
		IEA (D) A COLUMNO	ii Chillian	ercentern	jin kasalar	Governo Programa		3473	रिर्मातिस्य	A A De Gran	
		HMO) (013) Phone: 800					terenu.	enin's		312. 34.0 1.2.22.0 3,112.0	lianhealth.com
Roanoke	\$0	In-Network: \$3,600	\$0	\$20	Yes	20%/20%	\$0	20%	\$0 for all drugs	\$5 - \$89 and/or 33%	Some Generics - Call plan
Southeast Community	Care - Plus (HMO) (023) Phone: 800	-653-2924			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					lianhealth.com
Virginia Beach	\$0	In-Network: \$3,600	\$0	\$20	Yes	20%/20%	\$0 .	20%	\$0 for all drugs	\$5 - \$89 and/or 33%	Some Generics - Call plan

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

	•						_				
Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Sterling Life Insur	rance Com	pany (H5006) / Priva	le Fee for	Satisfe (7	an :		1	lemb	ar Satisfact	ion Railing	NAME OF STREET
Sterling Basic (PFFS) ((018-6) Phor	ne: 888-858-8572	. •					·		www.ster	rlinghealth.com
Segment 3	\$19	General: \$5,000	\$20	\$40	Yes	20%/20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Sterling Option I (PFF	S) (014-3) P	hone: 888-858-8572					-			www.ster	linghealth.com
Segment 3	\$39	General: \$3,000	\$10	\$25	Yes	20%/20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Sterling Option II (PFI	FS) (017-6) P	hone: 888-858-8572								www.ster	linghealth.com
Segment 3	\$60.70	General: \$4,000	\$15	\$30	Yes	20%/20%	\$0	20%	\$200 for all drugs	\$4 - \$40 and/or 25%	None
Unicare Life & He		mpany/(HO5AQ)//PTI	vate Reed	orservice	Rlanes est.	and the second		lemh	reallifae	lon Railing	INDANANA ANA
) Phone: 800-797-6470					o constant	**************************************			e.com/medicare
Select Counties in NC, NE, and VA	\$0	General: \$5,000	, \$20	\$35	Yes	20%/20%	\$0	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
SecurityChoice Plus (F	PFFS) (020) F	hone: 800-797-6470		•	<u></u>	I.,				www.unicare	e.com/medicare
Select Counties NC,NE, and VA	\$30	General: \$5,000	\$20	\$35	Yes	20%/20%	\$ 0	20%	\$0 for all drugs	\$8 - \$85 and/or 33%	Many Generics - Call plan
Universal America	in (H2775)	/Preferred Previden	Organiza	ion				Plar	Too Small	for Satisfa	ction Rating
		powered by CCRx (PPO)			1967		The state of the s	COLE PAR			ptionsPPO.com
Select counties in the Northeast	\$0	Combined: \$10,000 In-Network: \$6,700	\$30/20%	\$50/20%	Yes	20%/20%	0%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	None
Today's Options Adva	ntage 150A ¡	powered by CCRx (PPO)	(082) Phone	: 866-422-1	967				· · · · · · · · · · · · · · · · · · ·	www.TodaysO	ptionsPPO.com
Select counties in the Northeast	\$61	Combined: \$3,250	\$5	\$30	Yes	20%/20%	15%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	Call plan for details
Today's Options Adva	ntage 150A p	powered by CCRx (PPO)	(083) Phone	: 866-422-1	967	.*	•		V	vww.TodaysO	ptionsPPO.com
Select counties in the Northeast	\$88	Combined: \$3,250	\$5	\$30	Yes	20%/20%	15%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	Call plan for details
Today's Options Adva	ntage 500 (P	PO) (094) Phone: 866-42	22-1967						V	vww.TodaysO	ptionsPPO.com
Select counties in the Northeast	\$0	Combined: \$5,100 In-Network: \$3,400	\$20/20%	\$45/20%	Yes	20%/20%	20%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not . Covered
* If you qualify for E	xtra Heln v	our monthly premium	and the amo	unt von nav	y for each pr	escription may	he less t	han th	e amounte lie	eted in these	columne

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

	Monthly emium*	Out-of-Pocket Limits	Primary	Specialist	\$0 for	· Part B	Home		A		
Wilkely all the property of th	it Frain	•	Care Visit	Visit	Preventive Services	Chemo/. Other Drugs	Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
	TT RVC II.	and substantial part	Organika	الله المالة		and the rest of the second of the	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		blobsmall	aforașa da la	i. Glorikadina
Today's Options Advantage	ge 550B po	owered by CCRx (PPO) (088) Phone	: 866-422-19	67	200-201-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-	V. 22 S. 19	112 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	record value, market	ptionsPPO.com
Select counties in the Northeast	\$0	Combined: \$5,100 In-Network: \$3,400	\$20/20%	\$45/20%	Yes	20%/20%	20%	20%	\$150 for all drugs	\$4\$65 and/or 29%	None
Today's Options Advantage	je 850B po	owered by CCRx (PPO) (084) Phone	: 866-422-19	67 .	<u></u> 1	*****		<u> </u>	L	ptionsPPO.com
Select counties in the Northeast	\$34	Combined: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	None
Today's Options Advantage	je 900 (PP	O) (095) Phone: 866-42	2-1967								ptionsPPO.com
Northeast	\$0	Combined: \$10,000 In-Network: \$6,700	\$25/20%	\$50/20%	· Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Advantage	e 900 (PP	0) (096) Phone: 866-42	2-1967			, ,,	<u> </u>		\ <u>\</u>	ww.TodaysO	ptionsPPO.com
Normeast	\$10	Combined: \$10,000 In-Network: \$6,700	\$25/20%	\$50/20%	Yes	20%/20%.	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
UniteRelitAtieRelitU	EEEDIH	Alvateria (oy Sax	ulda Aldin						NATIONAL		ir ir ir ir lo la la la
Today's Options Premier 45	50A powe	ered by CCRx (PFFS) (06	7) Phone: 8	00-996-8867				Production.			ysOptions.com
Select counties in Midwest, Southeast, \$ Southwest	\$142	General: \$3,400	\$20	\$ 45	Yes	20%/20%	. 20%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	Call plan for details
Today's Options Premier 45	50A powe	ered by CCRx (PFFS) (06	8) Phone: 8	00-996-8867			1			www.Toda	ysOptions.com
Southwest	\$166	General: \$3,400	\$20	\$45	Yes	20%/20%	20%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	Call plan for details
Today's Options Premier 80	00 (PFFS)	(046) Phone: 800-996-8	3867				- <u> </u>			www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$0 .	General: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Premier 80	00 (PFFS) ((047) Phone: 800-996-8	3867	1	<u> </u>	<u> </u>					/sOptions.com
Select counties in Midwest, Southeast, Southwest	\$25	General: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.

Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ . Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Universal America	n(H5/121)/	Private Fee for Sei	vice Plan	(4) 新亚洲				nemin	remener	idmining.	
Today's Options Premi	ier 800 (PFFS	6) (048) Phone: 800-996	-8867	,						www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$35	General: \$6,700	\$2 5	\$50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Prem	ier 800 (PFFS	6) (049) Phone: 800-996	-8867							www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$60	General: \$6,700	.\$25	\$50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Premi	ier 800 (PFFS) (056) Phone: 800-996-	·8867	•		-				www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$7 5	General: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Premi	er 800 (PFFS) (057) Phone: 800-996-	8867		•					www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$90	General: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Premi	er 850B pow	ered by CCRx (PFFS) (06	5) Phone: 8	00-996-886	7					www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$60	General: \$6,700	\$25	\$50	Yes	20%/20% ·	0%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	None .
Today's Options Premi	er 850B pow	vered by CCRx (PFFS) (07	'0) Phone: 8	00-996-8867	1	•		•		www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$ 39	General: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	None
Today's Options Premi	er 850E pow	ered by CCRx (PFFS) (07	3) Phone: 8	00-996-8867						www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$80	General: \$6,700	\$25	\$50	. Yes	20%/20%	0%	20%	\$310 for all drugs	\$4 - \$70 and/or 25%	None

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					•						
Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	Part D Drugs*	Additional Gap Coverage?
Universion of	1000000	vivetersekersti	ince the first						a Seitsiek	longetho'	2,3,2,2,3
Today's Options Prem	ier 850F pow	ered by CCRx (PFFS) (07	'2) Phone: 8	00-996-8867	7						aysOptions.com
Select counties in Midwest, Southeast, Southwest	\$30	General: \$6,700	\$ 25	\$50	Yes	20%/20%	0%	20%	\$310 for all drugs	\$4 - \$80 and/or 25%	None
Today's Options Prem	ier 850F pow	ered by CCRx (PFFS) (07	4) Phone: 8	00-996-8867	1					www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$106	General: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	\$310 for all . drugs	\$4 - \$80 and/or 25%	None
Today's Options Prem	ier 850F pow	ered by CCRx (PFFS) (07	5) Phone: 8	00-996-8867	'					www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$100	General: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	\$310 for all drugs	\$4 - \$80 and/or 25%	None
University in the	HACCEST	त्त्राकृत्वास्त्रकृतिस्त	vice Date	nisava va	ja ja kara			in the	nicenten	Kakease	diantetiel
) (001) Phone: 866-418-		TO PERSON AND THE PERSON NAMED OF THE PERSON N		18:08:19:18:09:00:01118:0	D-14	160,79 100,950,110	111310031148 (331-170)	www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$25	Combined: \$3,250	\$5	\$30	Yes	20%/20%	15%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Premi	er 150A pow	ered by CCRx (PFFS) (02	1) Phone: 8	66-418-1923	3					www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$74	Combined: \$3,250	\$ 5	\$30 .	Yes	20%/20%	15%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	Call plan for details
Today's Options Premi	er 450A pow	ered by CCRx (PFFS) (02	4) Phone: 8	66-418-1923	}	-			•	www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$142	Combined: \$3,400	\$20	\$45	Yes	20%/20%	20%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	Call plan for details
Today's Options Premi	er 600 (PFFS)	(011) Phone: 866-418-	1923				*	•		www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$0	Combined: \$3,400	\$5	\$50	Yes	20%/20%	20%	30%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered

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•									·		
Service Area	Monthly Premium*	Out-of-Pocket Limits	Primary Care Visit	Specialist Visit	\$0 for Preventive Services	Part B Chemo/ Other Drugs	Home Health Care	DME	Annual Part D Deductible	. Part D Drugs*	Additional Gap Coverage?
Universal America	m (H6169)	Private Fee for Se	olegijan					ולוויי	ir Top Nev	ro Salisa	
Today's Options Prem	ier 650B pov	vered by CCRx (PFFS) (03	31) Phone: 8	66-418-192	3					www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$31	Combined: \$3,400	\$ 5	\$ 50	Yes	20%/20%	20%	30%	\$150 for all drugs	\$4 - \$65 and/or 29%	None
Today's Options Prem	ier 700 (PFFS) (012) _. Phone: 866-418-	1923							www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$30	Combined: \$6,700	\$10	\$50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Prem	ier 750B pow	rered by CCRx (PFFS) (03	2) Phone: 8	66-418-192	3	•				www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	. \$68	Combined: \$6,700	\$10	\$50	Yes	20%/20%	0%	20%	\$150 for all drugs	\$4 - \$65 and/or 29%	None .
Today's Options Prem	ier 800 (PFFS) (013) Phone: 866-418-	1923							www.Toda	ysOptions.com
Select counties in Midwest; Southeast, Southwest	\$35	Combined: \$6,700	\$25	\$ 50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Prem	ier 800 (PFFS) (014) Phone: 866-418-	1923				-			www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$55	Combined: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	Drugs Not Covered	Drugs Not Covered	Drugs Not Covered
Today's Options Premi	ier 850E pow	ered by CCRx (PFFS) (03	4) Phone: 8	66-418-1923						www.Toda	ysOptions.com
Select countles in Midwest, Southeast, Southwest	\$80	Combined: \$6,700	\$25	\$50	Yes	20%/20%	0%	20%	\$310 for all drugs	\$4 - \$70 and/or 25%	None
Today's Options Premi	er 850F pow	ered by CCRx (PFFS) (03	3) Phone: 80	66-418-1923						www.Toda	ysOptions.com
Select counties in Midwest, Southeast, Southwest	\$59	Combined: \$6,700	\$ 25	\$50	Yes	20%/20%	0%	20%	\$310 for all drugs	\$4 - \$80 and/or 25%	None

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Service Area Monthly Premium* Out-of-Pocket Limits Primary Care Visit Visit Visit Preventive Chemo/ Other Drugs Care Deductible Drugs* Company Care Car	Iditional Gap verage? Inivhc.com None Inivhc.com
Any, Any, Any Gold (PFFS) (002) Phone: 800-965-7034 www.un National PFFS \$0 General: \$6,700 \$15 \$40 No 20%/20% \$0 \$0 for all drugs \$4 - \$80 and/or 33% www.un Any, Any, Any Gold MA Only (PFFS) (026) Phone: 800-965-7034 www.un National PFFS \$0 General: \$6,700 \$15 \$40 No 20%/20% \$0 Drugs Not Covered Drugs Not Covered Covered Covered	None
Any, Any, Any Gold (PFFS) (002) Phone: 800-965-7034 www.up National PFFS \$0 General: \$6,700 \$15 \$40 No 20%/20% \$0 \$0 for all drugs \$4 - \$80 and/or 33% www.up Any, Any, Any Gold MA Only (PFFS) (026) Phone: 800-965-7034 www.up National PFFS \$0 General: \$6,700 \$15 \$40 No 20%/20% \$0 Drugs Not Covered Drugs Not Covered Covered Covered	None
National PFFS \$0 General: \$6,700 \$15 \$40 No 20%/20% \$0 20% drugs and/or 33%	nivhc.com
National PFFS \$0 General: \$6,700 \$15 \$40 No 20%/20% \$0 20% Drugs Not Covered Covered Covered	
National PFFS 30 General: \$6,700 \$15 \$40 No 20%/20% \$0 Z0% Covered Cov	ias Not
Any, Any, Platinum (PFFS) (008) Phone: 800-965-7034 www.un	overed
	ivhc.com
National PFFS \$65 General: \$6,700 \$10 \$30 No 20%/20% \$0 20% \$0 for all drugs and/or 33%	None
e-Any, Any, Any Gold Direct (PFFS) (032) Phone: 800-965-7034 www.un	ivhc.com
drugs and/or 33%	Vone
Universal Health Care Insurance Company, Inc. (18098) / Private ree-for-Service Plan 📳 💛 Plan Too New York at is faction	(tatiro
Any, Any, Gold (PFFS) (001) Phone: 800-965-7034 www.un	ivhc.com
	plan for etails
Any, Any, Gold MA Only (PFFS) (003) Phone: 800-965-7034 www.un	ivhc.com
	plan for etails
Any, Any Platinum (PFFS) (009) Phone: 800-965-7034 www.uni	vhc.com
	plan for etails
e-Any, Any Gold Direct (PFFS) (005) Phone: 800-965-7034 www.uni	vhc.com
National Network PFFS \$0 Combined: \$6,700 \$15 \$50/\$40 Yes 20%/20% \$0 20% Call plan for details for details de	plan for

^{*} If you qualify for Extra Help, your monthly premium and the amount you pay for each prescription may be less than the amounts listed in these columns. Contact the plan for specific formulary (list of covered drugs) and cost information.